

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SHIRLENE OSTROV

ADDRESS (number and street)

94-1221 KA UKA BOULEVARD

UNIT 108, #351



Check if different than previously reported. (ACC)

WAIPAHU

HI

96797

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00620815

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

25

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shiroma, Amy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Shiroma, Amy, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

14

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 29

Write or Type Committee Name

FRIENDS OF SHIRLENE OSTROV

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17749.48	17749.48
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17749.48	17749.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17843.98	17843.98
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	17843.98	17843.98
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	10615.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 29

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF SHIRLENE OSTROV

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10060.60

10060.60

(ii) Unitemized.....

5523.00

5523.00

(iii) TOTAL of contributions from individuals ▶

15583.60

15583.60

(b) Political Party Committees.....

879.20

879.20

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1286.68

1286.68

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

17749.48

17749.48

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17749.48

17749.48

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17843.98	17843.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17843.98	17843.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10709.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17749.48
25. SUBTOTAL (add Line 23 and Line 24).....	28458.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17843.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10615.01

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Anderson, Eve, , ,**

Mailing Address PO Box 25550

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Community Volunteer

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Biggers, Joshua, , ,**

Mailing Address 95-1007 Paemoku Place

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAF

Occupation

Civil Engineer

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crean, Johnnie, , ,**

Mailing Address 59-400 Haloku Place

City

Waimea

State

HI

Zip Code

96743-8546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3700.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

<b>A.</b> Full Name (Last, First, Middle Initial) Djou, Sihkong, , , Mailing Address 3906 Waokanaka Street  City Honolulu State HI Zip Code 96817-5200 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 08 31 2016 Transaction ID : SA11AI.4155 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item		
<b>B.</b> Full Name (Last, First, Middle Initial) King, Charles, , , Mailing Address 4330 Kukui Grove Street  City Lihue State HI Zip Code 96766-1674 FEC ID number of contributing federal political committee. C Name of Employer King Auto Center Occupation President Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 09 01 2016 Transaction ID : SA11AI.4182 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item		
<b>C.</b> Full Name (Last, First, Middle Initial) Kumashiro, Patrick, , , Mailing Address 2973 22nd Street South  City Arlington State VA Zip Code 22204 FEC ID number of contributing federal political committee. C Name of Employer USAF Occupation Logistics Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 09 29 2016 Transaction ID : SA11AI.4184 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1000.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

**A.** Full Name (Last, First, Middle Initial)  
**Lee, Darrell, , ,**

Mailing Address 207 Portlock Road

City Honolulu	State HI	Zip Code 96825
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Murakawa, Shawn, , ,**

Mailing Address 94-399 Olohu Street

City Mililani	State HI	Zip Code 96789
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FEC ID number of contributing federal political committee. **C**

Name of Employer US DOC	Occupation Bio Science Tech
----------------------------	--------------------------------

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2016

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ozaki, Gertrude, , ,**

Mailing Address 95-338 Kipapa Drive

City Mililani	State HI	Zip Code 96789
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

500.00
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☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1750.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Pope, Bob, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 08 05 2016		
Mailing Address PO Box 625			<b>Transaction ID : SA11AI.4116</b>		
City Kailua Kona	State HI	Zip Code 96725	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer Retired		Occupation Retired			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Shiroma, Amy, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 24 2016		
Mailing Address 95-1055 Kaapeha Street Apt 150			<b>Transaction ID : SA11AI.4250</b>		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 710.60		
FEC ID number of contributing federal political committee. C		Memo Item In-kind - Printing			
Name of Employer Kapi'olani Community College		Occupation Instructor			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 810.60			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Smart, Scott, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 03 2016		
Mailing Address 94-210 Kakaili Place			<b>Transaction ID : SA11AI.4253</b>		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer Retired		Occupation Retired			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1460.60		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Sutton, Anne, , ,**

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	6

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Takamoto, Cynthia, , ,**

Mailing Address 95-338 Kipapa Drive

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawaii Department of Education

Occupation

Teacher

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	6

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thompson, KellyAnn, , ,**

Mailing Address 9704 Camden Hills Avenue

City

Las Vegas

State

NV

Zip Code

89145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAFR

Occupation

Public Affairs Officer

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	6

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**Toomey, Beverly, , ,**

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	6

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Toomey, Beverly, , ,**

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Toomey, Beverly, , ,**

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

Yri, Diane, , ,

A.

Mailing Address 91-1030 Lanakoi Street

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

250.00

TOTAL This Period (last page this line number only)..... ▶

10060.60

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HAWAII REPUBLICAN PARTY</b>			Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2016		
Mailing Address 725 KAPIOLANI BLVD STE 105			<b>Transaction ID : SA11B.4421</b>		
City HONOLULU	State HI	Zip Code 96813	Amount of Each Receipt this Period 879.20		
FEC ID number of contributing federal political committee. <b>C</b> C00085506		Election Cycle-to-Date 879.20			
Name of Employer Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Memo Item In-kind - Email Distribution to District Republicans			
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation			
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			879.20		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			879.20		

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 29

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.**C** H6HI01279

Name of Employer

Ares Mobility Solutions

Occupation

CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		26		2016

Transaction ID : SA11D.4404

Amount of Each Receipt this Period

51.58

☐ Memo Item

In-kind - Sign Materials

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.**C** H6HI01279

Name of Employer

Ares Mobility Solutions

Occupation

CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.23

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2016

Transaction ID : SA11D.4405

Amount of Each Receipt this Period

378.65

☐ Memo Item

In-kind - Email Set Up and Fees

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.**C** H6HI01279

Name of Employer

Ares Mobility Solutions

Occupation

CEO

Receipt For: 2016

☐ Primary    ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2016

Transaction ID : SA11D.4406

Amount of Each Receipt this Period

230.37

☐ Memo Item

In-kind - Radio Ads

**SUBTOTAL** of Receipts This Page (optional)..... ▶

660.60

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 29

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANI

State  
HI

Zip Code  
96789

FEC ID number of contributing  
federal political committee.

**C** H6HI01279

Name of Employer  
Ares Mobility Solutions

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

735.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2016

Transaction ID : SA11D.4407

Amount of Each Receipt this Period

75.00

☐ Memo Item  
In-kind - Candidate Filing Fees

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANI

State  
HI

Zip Code  
96789

FEC ID number of contributing  
federal political committee.

**C** H6HI01279

Name of Employer  
Ares Mobility Solutions

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

782.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 19 2016

Transaction ID : SA11D.4413

Amount of Each Receipt this Period

47.00

☐ Memo Item  
In-kind - Postage

Full Name (Last, First, Middle Initial)

**OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANI

State  
HI

Zip Code  
96789

FEC ID number of contributing  
federal political committee.

**C** H6HI01279

Name of Employer  
Ares Mobility Solutions

Occupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1286.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2016

Transaction ID : SA11D.4414

Amount of Each Receipt this Period

504.08

☐ Memo Item  
In-kind - Expo Event Supplies

**SUBTOTAL** of Receipts This Page (optional)..... ▶

626.08

**TOTAL** This Period (last page this line number only)..... ▶

1286.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. 4Imprint**Mailing Address 101 Commerce Street  
PO Box 320City  
OshkoshState  
WIZip Code  
54901Purpose of Disbursement  
Campaign Materials - Logo Pens

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

523.25

Transaction ID : SB17.4323

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Savings Bank**

Mailing Address PO Box 2300

City  
HonoluluState  
HIZip Code  
96804Purpose of Disbursement  
Monthly Bank Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

191.15

Transaction ID : SB17.4372

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Savings Bank**

Mailing Address PO Box 2300

City  
HonoluluState  
HIZip Code  
96804Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4.95

Transaction ID : SB17.4403

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

719.35

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Good Life Expo, Inc.**

Mailing Address 1717 Republican Street

City  
HonoluluState  
HIZip Code  
96819Purpose of Disbursement  
Campaign Event - Expo Booth Fee

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

575.92

Transaction ID : SB17.4379

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Good Life Expo, Inc.**

Mailing Address 1717 Republican Street

City  
HonoluluState  
HIZip Code  
96819Purpose of Disbursement  
Campaign Event - Expo Booth Equipment Fee

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

232.46

Transaction ID : SB17.4381

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HAWAII REPUBLICAN PARTY**Mailing Address 725 KAPIOLANI BLVD  
STE 105City  
HONOLULUState  
HIZip Code  
96813Purpose of Disbursement  
In-kind - Email Distribution to District Republicans

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2016

FEC Identification Number

C

C00085506

Amount of Each Disbursement this Period

879.20

Transaction ID : SB17.4423

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1687.58

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Integrated Solutions Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116Purpose of Disbursement  
Accounting Software Monthly Service Fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4317

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Integrated Solutions Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116Purpose of Disbursement  
Accounting Software Monthly Fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4370

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Life Impressions Hawaii**

Mailing Address 1363 North King Street

City  
HonoluluState  
HIZip Code  
96817Purpose of Disbursement  
Campaign Materials - Logo Tote Bags

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4327

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. MaryAnn Songsong**

Mailing Address 94-875 Lumiholo Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2016

City  
WaipahuState  
HIZip Code  
96797

FEC Identification Number

C

Purpose of Disbursement  
Reimbursement - Campaign Materials Tote Bags

006

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4329

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Life Impressions Hawaii**

Mailing Address 1363 North King Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2016

City  
HonoluluState  
HIZip Code  
96817

FEC Identification Number

C

Purpose of Disbursement  
Campaign Materials - Logo Tote Bags

006

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4329.0

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**c. MaryAnn Songsong**

Mailing Address 94-875 Lumiholo Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2016

City  
WaipahuState  
HIZip Code  
96797

FEC Identification Number

C

Purpose of Disbursement  
Campaign Event - Expo Booth Rental Equipment Fee

007

Amount of Each Disbursement this Period

182.20

Transaction ID : SB17.4374

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

482.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Oceanair Screenprinting Company**

Mailing Address 94 Kuhaulua Street

City  
WaipahuState  
HIZip Code  
96797Purpose of Disbursement  
Campaign Volunteer T-Shirts

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4319

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Oceanair Screenprinting Company**

Mailing Address 94 Kuhaulua Street

City  
WaipahuState  
HIZip Code  
96797Purpose of Disbursement  
Campaign materials - Signs, Banners, TShirts

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2678.53

Transaction ID : SB17.4389

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Email Set Up and FeesCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	6

FEC Identification Number

C H6HI01279

Amount of Each Disbursement this Period

378.65

Transaction ID : SB17.4411

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7057.18

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Radio Ads

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	6

FEC Identification Number

**C** H6HI01279

Amount of Each Disbursement this Period

230.37

Transaction ID : SB17.4410

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Candidate Filing Fees

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

FEC Identification Number

**C** H6HI01279

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4409

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Postage

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	6

FEC Identification Number

**C** H6HI01279

Amount of Each Disbursement this Period

47.00

Transaction ID : SB17.4417

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

352.37

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. OSTROV, SHIRLENE D. (SHIRL), , ,**

Mailing Address 95-1050 HALEMALU STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Expo Event Supplies

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
09	21	2016

FEC Identification Number

**C** H6HI01279

Amount of Each Disbursement this Period

504.08

Transaction ID : SB17.4416

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pacific Business News**

Mailing Address PO Box 31000

City  
HonoluluState  
HIZip Code  
96849-5522Purpose of Disbursement  
Campaign Event - Expo Booth Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	30	2016

FEC Identification Number

**C**

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4307

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	01	2016

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4367

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1257.28

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4368

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.4369

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4371

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19.03

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

6.10

Transaction ID : SB17.4384

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

0.59

Transaction ID : SB17.4387

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.17

Transaction ID : SB17.4388

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.86

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4390

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4392

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4393

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4.53

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.17

Transaction ID : SB17.4394

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4395

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4396

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6.12

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4397

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4398

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4399

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3.81

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4400

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North 1st Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
PayPal Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.4402

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Reskyu**

Mailing Address 1098 South Beretania Street

City  
HonoluluState  
HIZip Code  
96814Purpose of Disbursement  
Printing Fees

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1076.44

Transaction ID : SB17.4311

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1087.19

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Shiroma, Amy, , ,**Mailing Address 95-1055 Kaapeha Street  
Apt 150City  
MililaniState  
HIZip Code  
96789Purpose of Disbursement  
In-kind - Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

710.60

Transaction ID : SB17.4251

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sunshine Productions, Inc.**

Mailing Address 46-152 Lilipuna Road

City  
KaneoheState  
HIZip Code  
96744Purpose of Disbursement  
Campaign Event - Expo Booth Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	25	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

832.46

Transaction ID : SB17.4349

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uline**

Mailing Address Uline Drive

City  
Pleasant PrairieState  
WIZip Code  
53158Purpose of Disbursement  
Campaign Sign Ties

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	03	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

375.21

Transaction ID : SB17.4315

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1918.27

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial)

**A. Vistaprint USA**

Mailing Address 95 Hayden Avenue

City  
LexingtonState  
MAZip Code  
02421Purpose of Disbursement  
Campaign Materials - Logo Pens

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

814.10

Transaction ID : SB17.4325

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

814.10

**TOTAL** This Period (last page this line number only).....▶

16916.87